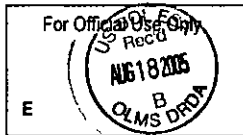


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9894</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>CHICO</u> <u>HUMES</u> P O Box, Bldg, Room No, if any Street <u>105 PROGRESS PARKWAY</u> City <u>MARYLAND HEIGHTS</u> State <u>Missouri</u> ZIP Code + 4 <u>63043</u>	4 Name, file number, and address of labor organization Name <u>GRAPHIC COMMUNICATION INT'L UNION LOCAL 6-505M</u> Labor Organization File Number <u>064-088</u> P O Box, Building and Room Number, if any Street <u>105 PROGRESS PARKWAY</u> City <u>MARYLAND HEIGHTS</u> State <u>Missouri</u> ZIP Code + 4 <u>63043</u>
5 Position in labor organization <u>VICE-PRESIDENT (B)</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income  7 b Amount

### Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Chico Humes</u>	On <u>8/12/05</u> Date	<u>(314) 878-4616</u> Telephone Number

Name of Person Filing CHICO HUMES	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State  ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State  ZIP Code + 4

11 a Nature of such dealing

--

11 b Approximate dollar value of such dealing

--

12 a Nature of interest held or income received

--

12 b Amount

--

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name FARRAGUT LAW FIRM

Trade Name, if any

P O Box Bldg, Room No, if any

Street P.O. BOX 1543

City PASCAGOULA

State Mississippi ZIP Code + 4 39567

14 a Nature of payment

2 NIGHTS IN HOTEL, 1 DINNER AND AIRFAIR FOR WORK IN MISSISSIPPI ON CLASS ACTION LAWSUIT

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13 b Is the Business an Employer ☐ or Consultant ☒

14 b Amount of payment

\$570

Name of Person Filing <b>CHICO HUMES</b>	File Number <b>U-</b>
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**Part C Continuation Page**

<b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name <b>FARRAGUT LAW FIRM</b>  Trade Name, if any  P O Box, Bldg , Room No , if any  Street <b>P.O. BOX 1543</b>  City <b>PASCAGOULA</b>  State <b>Mississippi</b> ZIP Code + 4 <b>39567</b>	<b>14 a Nature of payment</b>  <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <b>2 NIGHTS IN HOTEL, 2 DINNERS AND AIRFARE FOR WORK IN WASHINGTON D.C. ON CLASS ACTION LAWSUIT</b> </div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	<b>14 b Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>\$860</b></span>

<b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State  ZIP Code + 4 	<b>14 a Nature of payment</b>  <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> </div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14 b Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"> </span>

<b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State  ZIP Code + 4 	<b>14 a Nature of payment</b>  <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> </div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14 b Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"> </span>